

Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
# 11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-5672  
Fax: (207) 287-4172; TTY: 1-800-606-0215

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

|                            |  |
|----------------------------|--|
| <b>GENERAL INFORMATION</b> |  |
| Town of                    | <u>LAMOINE</u>   |
| Property Owner's Name:     | <u>JULIE JENSEN</u>  |
| Tel. No.:                  | <u>(207) 266-8182</u>  |
| System's Location:         | <u>MEADOW POINT ROAD</u>   |
| Property Owner's Address:  | <u>c/o DAVID LEGERE</u><br><u>45 B MEADOW POINT - LAMOINE, ME.</u> |
| Zip Code                   | <u>04605</u>   |
| e-mail address:            |  |

The subsurface wastewater disposal system design for the subject property requires a ☒ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☒ local approval ☐ local and state approval.

| SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.) |     | SECTION OF RULE |
|---|-----|-----------------|
| 1. SYSTEM TO HOUSE SLAB   | 12' | TABLE 8-A       |
| 2. SYSTEM TO SHED ON BLOCKS   | 12' | TABLE 8-A       |
| 3. SYSTEM TO HIGH WATER   | 95' | TABLE 8-A       |
| SITE EVALUATOR 4. TANK TO HOUSE SLAB  | 5'  | TABLE 8-A       |
| 5. TANK TO DECK POSTS   | 5'  | TABLE 8-A       |

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

VARIANCE REQUESTS ARE MINIMIZED.

I, WILLIAM A. LABELLE JR. #319, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

William A. Labelle Jr. #319  
SIGNATURE OF SITE EVALUATOR

9-15-17  
DATE

### PROPERTY OWNER

I, David Legere, am the ☐ owner ☒ agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

David Legere  
☐ SIGNATURE OF OWNER  
☒ AGENT FOR THE OWNER

10/10/17  
DATE



LAMOINE

MEADOW POINT ROAD

JULIE JENSEN

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Michael Johnson, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☒ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☒ do ☐ do not) approve the requested variance. I (☒ will ☐ will not) issue a permit for the system's installation as proposed by the application.



LPI Signature

10/19/17

Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☐ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

Date

**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variance(s) and (☐ does ☐ does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT  
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

|  | CHARACTERISTIC | POINT ASSESSMENT |
|--|----------------|------------------|
| Soil Profile                           |                |                  |
| Depth to Groundwater/Restrictive Layer |                |                  |
| Terrain                                |                |                  |
| Size of Property                       |                |                  |
| Waterbody Setback                      |                |                  |
| Water Supply                           |                |                  |
| Type of Development                    |                |                  |
| Disposal Area Adjustment               |                |                  |
| Vertical Separation Distance           |                |                  |
| Additional Treatment                   |                |                  |
| TOTAL POINT ASSESSMENT:                |                |                  |

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65



\$15.00 Dep Fee

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Div. Environmental Health, 11 SHS  
(207) 287-2070 FAX (207) 287-4172

|  |  |  |   |
|--|--|--|---|
| <b>PROPERTY LOCATION</b>   |  | <b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>  |   |
| City, Town, or Plantation  | LAMOINE  | Town/City  | LAMOINE Permit # 1865                         |
| Street or Road   | MEADOW POINT ROAD  | Date Permit Issued   | 10/19/17 Fee \$ 270.00 Double Fee Charged ( ) |
| Subdivision, Lot #   |  |  | L.P.I. # 1040                                 |
| <b>OWNER/APPLICANT INFORMATION</b>   |  | Local Plumbing Inspector Signature   |   |
| Name (last, first, MI)   | JENSEN, JULIE  | Fee: \$  | state min. fee \$ Locally adopted fee         |
|  | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant | Copy: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State   |   |
| Mailing Address of   | DAVID LEGERE<br>45 B MEADOW POINT  | The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules. |   |
| <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant   | LAMOINE, ME. 04605   |  |   |
| Daytime Tel. #   | (207) 266-8182   | Municipal Tax Map # 14   | Lot # 37-2                                    |
| <b>OWNER OR APPLICANT STATEMENT</b>  |  | <b>CAUTION: INSPECTION REQUIRED</b>  |   |
| I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit. |  | I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.   |   |
| Signature of Owner or Applicant  |  | (1st Date Approved)  |   |
| Date   |  | Local Plumbing Inspector Signature   |   |
|  |  | (2nd Date Approved)  |   |

|  |   |  |
|--|---|--|
| <b>PERMIT INFORMATION</b>  |   |  |
| <b>TYPE OF APPLICATION</b><br><input type="checkbox"/> 1. First Time System<br><input checked="" type="checkbox"/> 2. Replacement System<br>Type Replaced: <u>STONE BED</u><br>Year Installed: <u>1970's</u><br><input type="checkbox"/> 3. Expanded System<br><input type="checkbox"/> a. Minor Expansion <25%<br><input type="checkbox"/> b. Major Expansion ≥ 25%<br><input type="checkbox"/> 4. Experimental System<br><input type="checkbox"/> 5. Seasonal Conversion | <b>THIS APPLICATION REQUIRES</b><br><input type="checkbox"/> 1. No Rule Variance<br><input type="checkbox"/> 2. First Time System Variance<br><input type="checkbox"/> a. Local Plumbing Inspector Approval<br><input type="checkbox"/> b. State & Local Plumbing Inspector Approval<br><input checked="" type="checkbox"/> 3. Replacement System Variance<br><input type="checkbox"/> a. Local Plumbing Inspector Approval<br><input type="checkbox"/> b. State & Local Plumbing Inspector Approval<br><input type="checkbox"/> 4. Minimum Lot Size Variance<br><input type="checkbox"/> 5. Seasonal Conversion Permit | <b>DISPOSAL SYSTEM COMPONENT(S)</b><br><input checked="" type="checkbox"/> 1. Complete Non-engineered System<br><input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)<br><input type="checkbox"/> 3. Alternative Toilet, specify: _____<br><input type="checkbox"/> 4. Non-engineered Treatment Tank (only)<br><input type="checkbox"/> 5. Holding Tank, _____ gallons<br><input type="checkbox"/> 6. Non-engineered Disposal Field (only)<br><input type="checkbox"/> 7. Separated Laundry System<br><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)<br><input type="checkbox"/> 9. Engineered Treatment Tank (only)<br><input type="checkbox"/> 10. Engineered Disposal Field (only)<br><input type="checkbox"/> 11. Pre-treatment, specify: _____<br><input type="checkbox"/> 12. Miscellaneous components |
| <b>SIZE OF PROPERTY</b><br>_____ sq. ft.<br>_____ acres<br><b>SHORELAND ZONING</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | <b>DISPOSAL SYSTEM TO SERVE</b><br><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u><br><input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____<br><input type="checkbox"/> 3. Other: (SPECIFY) _____<br>Current Use: <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped   | <b>TYPE OF WATER SUPPLY</b><br><input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private<br><input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____   |

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

|  |   |   |  |
|--|---|---|--|
| <b>TREATMENT TANK</b><br><input checked="" type="checkbox"/> 1. Concrete (SEE NOTE PAGE 2)<br><input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile<br><input type="checkbox"/> 2. Plastic<br><input type="checkbox"/> 3. Other: _____<br>CAPACITY <u>1000</u> gallons | <b>DISPOSAL FIELD TYPE &amp; SIZE</b><br><input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench<br><input type="checkbox"/> 3. Proprietary Device _____<br><input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear<br><input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load<br><input type="checkbox"/> 4. Other: _____<br>SIZE <u>600</u> sq. ft. <input type="checkbox"/> lin. ft. | <b>GARBAGE DISPOSAL UNIT</b><br><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe<br>If Yes or Maybe, specify one below:<br><input type="checkbox"/> a. Multi-compartment Tank<br><input type="checkbox"/> b. _____ Tanks in Series<br><input type="checkbox"/> c. Increase in Tank Capacity<br><input type="checkbox"/> d. Filter on Tank Outlet | <b>DESIGN FLOW</b><br><u>180</u> gallons per day<br>BASED ON<br><input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s))<br><input type="checkbox"/> 2. Table 4C (other facilities)<br>SHOW CALCULATIONS for other facilities                        |
| <b>SOIL DATA &amp; DESIGN CLASS</b><br>PROFILE <u>3, C</u><br>CONDITION _____<br>at Observation Hole # <u>1</u><br>Depth <u>20</u> "<br>OF MOST LIMITING SOIL FACTOR   | <b>DISPOSAL FIELD SIZING</b><br><input type="checkbox"/> 1. Medium -- 2.6 sq. ft./gpd<br><input checked="" type="checkbox"/> 2. Medium-Large -- 3.3 sq. ft./gpd<br><input type="checkbox"/> 3. Large -- 4.1 sq. ft./gpd<br><input type="checkbox"/> 4. Extra Large -- 5.0 sq. ft./gpd   | <b>EFFLUENT/EJECTOR PUMP</b><br><input checked="" type="checkbox"/> 1. Not Required, AS IS.<br><input type="checkbox"/> 2. May be Required<br><input type="checkbox"/> 3. Required<br>Specify only for engineered systems<br>DOSE: _____ gallons  | <input type="checkbox"/> 3. Section 4G (meter readings)<br>ATTACH WATER METER DATA<br><b>LATITUDE AND LONGITUDE</b><br>at center of disposal area<br>Lat. <u>44° 27' 36.3" N</u><br>Lon. <u>68° 16' 15.6" W</u><br>if g.p.s., state margin of error <u>30'</u> |

## SITE EVALUATOR STATEMENT

I certify that on 9-8-17 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: WILLIAM A. LABELLE, JR.  
Site Evaluator Name Printed: WILLIAM A. LABELLE, JR.  
319  
SE#  
(207) 537-5900  
Telephone Number  
9-15-17  
Date  
labelleseptic@rivah.net  
E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

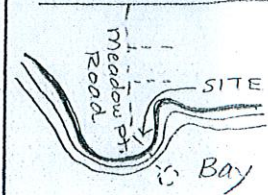


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Owner or Applicant Name  
JULIE JENSEN

Scale 1" = 50 Ft.

SITE LOCATION PLAN  
(Attach map from Maine Atlas  
for First Time System Variance)  
*Lamoine Beach Road*



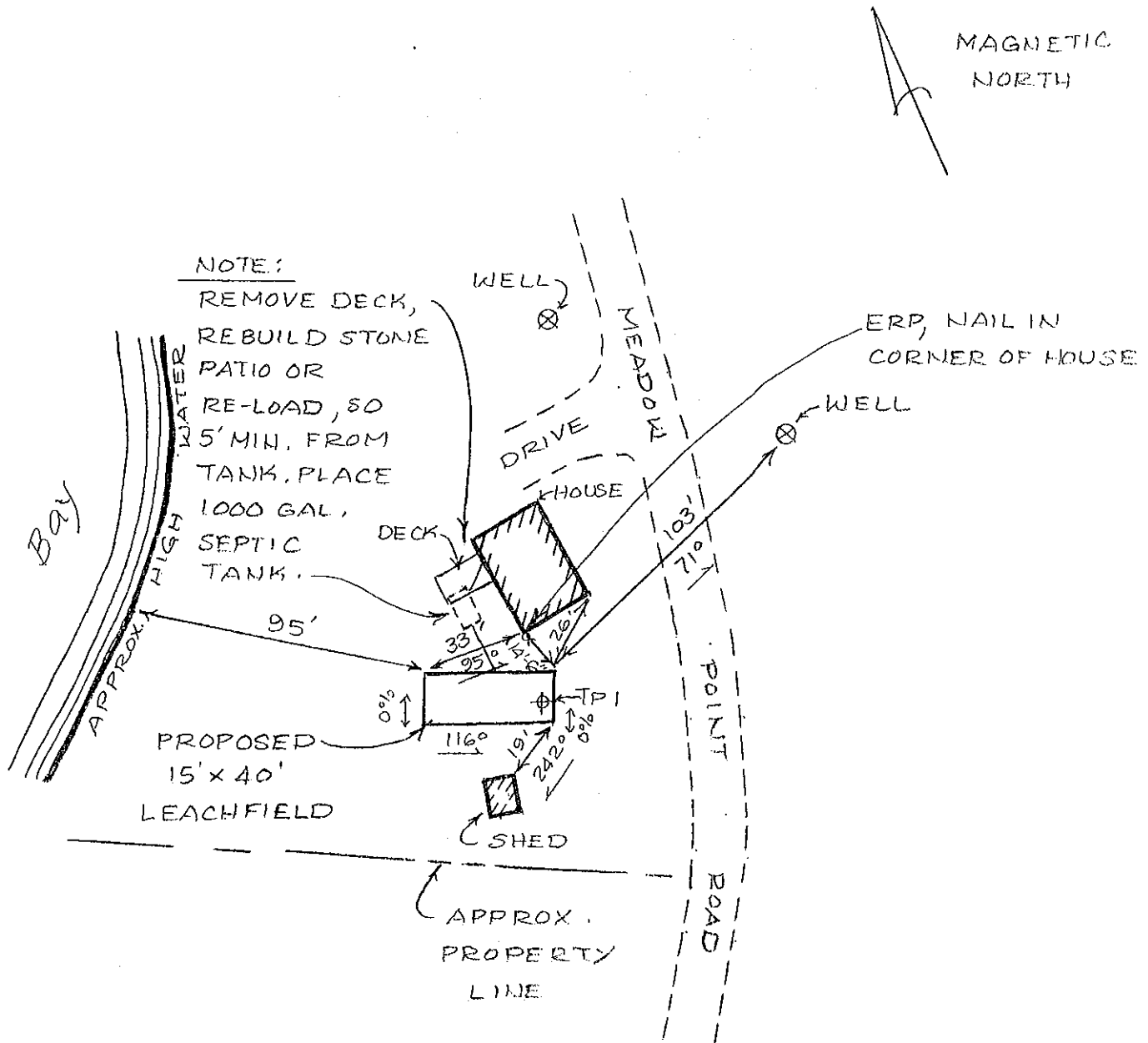
|                                 |                 |                 |  |
|---------------------------------|-----------------|-----------------|--|
| Soil Classification             | Slope           | Limiting Factor | <input type="checkbox"/> Ground Water      |
| <u>Profile</u> <u>Condition</u> | <u>      </u> % | <u>      </u> " | <input type="checkbox"/> Restrictive Layer |
|                                 |                 | <u>Depth</u>    | <input type="checkbox"/> Bedrock           |
|                                 |                 |                 | <input type="checkbox"/> Pit Depth         |

9-15-17  
Date

|                                   |  |   |
|-----------------------------------|--|---|
| Town, City, Plantation<br>LAMOINE | Street, Road, Subdivision<br>MEADOW POINT ROAD | Owner or Applicant Name<br>JULIE JENSEN |
|-----------------------------------|--|---|

SITE PLAN:

SCALE: 1" = 50 FT.



NOTE:

RECOMMEND NEW TANK BE INSTALLED, BUT CAN USE  
EXISTING TANK; IF IT'S IN GOOD CONDITION, WITH  
BAFFLES IN GOOD CONDITION OR REPLACED. INSTALL  
RISERS; ALL 3 COVERS.

IF DECK IS REPLACED OVER TANK (NOT RECOMMENDED), POSTS MUST  
BE 5' MIN FROM TANK AND ACCESS MUST BE TO ALL 3 COVERS.

*W.C. 2.8*

Site Evaluator's Signature

319

S.E. #

9-15-17

Date



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 SHS  
(207) 287-2070 FAX (207) 287-4172

Town, City, Plantation  
LAMOINE

Street, Road, Subdivision  
MEADOW POINT ROAD

Owner or Applicant Name  
JULIE JENSEN

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

APPROX. BUILDING SEWER

NOTE: REMOVE DECK  
REBUILD STONE PATIO  
OR RE-LOAD, SO 5' MIN.  
FROM TANK. PLACE  
1000 GAL. SEPTIC  
TANK. (SEE NOTE PG. 2A)

4" EFFLUENT LINE

4" DIA. PERF. PIPE

HOUSE

ERP, NAIL IN CORNER  
OF HOUSE

MAGNETIC  
NORTH

BLEND  
FILL

EDGE OF  
STONE

APPROX.  
EDGE OF FILL

NOTE: SEE ALL NOTES  
PAGE 2A.

SHED

PROPOSED 15' x 40'  
LEACHFIELD, FOUR  
CORNERS ARE  
STAKED OUT.

### FILL REQUIREMENTS

Depth of Backfill (Upslope) 0"-20"

Depth of Backfill (Downslope) 0"-15"

Depths @ cross-section shown below or on X-sec. detail.

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation

Top of Distribution Pipe or Proprietary Device

Bottom of Disposal Field

### SYSTEM:

MIN. 38"

-49"

-60"

### PRIVY:

N/A

### ELEVATION REFERENCE POINT

Location & Description NAIL 14"

ABOVE GROUND IN CORNER

OF HOUSE.

Reference Elevation is: 0"

### DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

#### NOTES:

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. All work done adjacent to wetlands and water bodies must be done in compliance with section 12 of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPS" (DEPW0588).
4. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers (recommend extending risers to finish grade).

*W. C. 2*  
Site Evaluator's Signature

319

S.E. #

9-15-17

Date



NOTE:  
GRADE UPSLOPE TO DIVERT  
SURFACE WATER AWAY FROM  
SYSTEM.

FILL MATERIAL SHALL BE 8"-12" MIN. THICK OVER STONE AND SHALL BE GRAVELLY COARSE SAND TO THE STANDARDS IN SEC. 11-E IN THE SUBSURFACE RULES.



SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICES SET FORTH IN THE MOST CURRENT VERSION OF THE STATE OF MAINE SUBSURFACE WASTEWATER DISPOSAL RULES. INSTALLATION CONTRA TOR MUST BE FAMILIAR WITH SAID RULES AND CONSTRUCT SYSTEM IN FULL COMPLIANCE WITH SECTION 11 OF SAID RULES.

DATE \_\_\_\_\_